

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title :: COMPOSITIONS AND METHODS FOR  
REGULATING LYMPHOCYTE ACTIVATION  
Attorney Docket Number:: 980034.408C1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 33  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: A  
Family Name:: Ledbetter  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18798 Ridgefield Road NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Martha  
Middle Name::  
Family Name:: Hayden-Ledbetter  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18798 Ridgefield Road NW

City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: A  
Family Name:: Brady  
Name Suffix::  
City of Residence:: Bothell  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 618 219th Place SW  
City of mailing address:: Bothell  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98021

### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Laura  
Middle Name:: S  
Family Name:: Grosmaire

Name Suffix::  
City of Residence:: Hobart  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: P.O. Box 252  
City of mailing address:: Hobart  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98025

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Che-Leung  
Middle Name::  
Family Name:: Law  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18834 Fremont Avenue North  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98133

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Raj  
Middle Name::  
Family Name:: Dua  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 25936 SE 39th Place  
City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98029

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/252,150	02/18/99
09/252,150	An application claiming the benefit under 35 USC 119(e)	60/108,683	11/16/98
09/252,150	An application claiming the benefit under 35 USC 119(e)	60/075,274	02/19/98

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street, Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104